

Have a hand in protecting children

M a n d a t e d R e p o r t e r ' s R e s o u r c e G u i d e

The Michigan Child Protection Law Act 238 of 1975, as amended

The Michigan Child Protection Law, 1975, PA 238, is an act to require the reporting of child abuse and neglect by certain persons, and to permit the reporting of child abuse and neglect by all persons. It includes the legal requirements for reporting, investigating and responding to child abuse and neglect cases.

This document is to assist mandated reporters in understanding their responsibilities under the Child Protection Law.

FOR COPIES OF THE CHILD PROTECTION LAW CONTACT YOUR LOCAL DHS OFFICE
OR GO TO <http://www.michigan.gov/dhs>

Responsibility of Mandated Reporters

The law requires that mandated reporters report suspected child abuse and neglect to the Department of Human Services (DHS). The report must be made directly to DHS. There are civil and criminal penalties for a mandated reporter's failure to make a report. Likewise, there is civil and criminal immunity for someone making a report in good faith.

Who Are Mandated Reporters?

Mandated reporters are an essential part of the child protection system since they have an enhanced capacity, through their expertise and direct contact with children, to identify suspected child abuse/neglect. Complaints referred by mandated reporters are confirmed at nearly double the rate of those referred from non-mandatory reporters.

The list of mandated reporters is as follows:

"A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, certified social worker, social worker, social work technician, school administrator, school counselor, or teacher, law enforcement officer, member of the clergy or regulated child care provider." The list also includes specific DHS personnel; "eligibility specialist, family independence manager, family independence specialist, social services, social work specialist, social work specialist manager, welfare services specialist."

Child's Disclosure: The Role of Mandated Reporters

Mandated reporters often have an established relationship with child clients, patients, and students, which may give them the advantage of being able to have a conversation with a child using terms he or she will understand. When child abuse and/or neglect is suspected, mandated reporters need to only obtain enough information to make a report.

If mandated reporters suspect child abuse and/or neglect (use pages 6-8 of this guide as a reference) or if a child starts disclosing information regarding child abuse and/or neglect, mandated reporters should proceed by moving the child into a private environment. This will avoid distraction of the child and provide privacy for a potentially sensitive conversation.

During disclosure mandated reporters should maintain eye contact and avoid displaying any signs of shock or disapproval. Mandated reporters should only ask open-ended questions that allow the child to freely discuss the incident without being led during the conversation. An example, *how did you get that bruise?* Again, these discussions should only proceed to the point needed to determine whether a report needs to be made to the DHS.

A child may want to tell what has happened but may also want to maintain loyalty to their parent(s). Explain to the child (in terms the child will understand) the importance of keeping children safe. If a report is going to be made, maintain the trust with the child by explaining the reporting process.

Reporting Obligations of Mandated Reporters

Mandated reporters must make an immediate verbal report to DHS upon suspecting child abuse and neglect, followed by a written report within 72 hours (See next page). The reporter is not expected to investigate the matter, know the definitions of child abuse and/or neglect used in judicial proceedings, or even know the name of the perpetrator. The Child Protection Law is intended to make reporting simple and places responsibility for determining appropriate action with Children's Protective Services (CPS). CPS is a division of the Department of Human Services (DHS). The authority and actions of CPS are based on requirements in the Child Protection Law.

Reporting the suspected allegations of child abuse and/or neglect to your agency administrator does not fulfill the mandated requirement to report directly to DHS

An individual required reporting suspected child abuse or neglect shall make immediately, by telephone or otherwise, an oral reports. The reporting person shall, within 72 hours of the oral report, file a written report (Act No. 238, as amended 1975).

What should the oral report include?

The information in a CPS report needs to be provided by the individual who actually has observed the injuries or had contact with the child regarding the complaint. It is helpful, but not necessary, for the DHS intake worker to have the information listed below to make a report. Contact the CPS DHS county office where the child currently resides and indicate your wish to make a CPS complaint.

Intake personnel will want the following information if available:

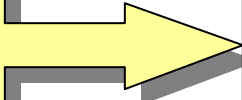
- Primary caretaker (parent and/or guardian) name and address.
- Names and identifying information for all household members, including the victim and perpetrator, if known.
- Birth date and race of all members of household, if known.
- Indication about whether the alleged perpetrator lives with the child.
- Current home address and the address where the alleged incident happened, if different.
- Statements of the child's disclosure and context of the disclosure. For example, was the child asked about the injury or did he/she volunteer the information.
- History of the child's behavior.
- Why you suspect the child is being abused and/or neglected.

FIA-3200 Written Report

- Within 72 hours after making the oral report, the reporting person must file a written report as required in the Child Protection Law. DHS encourages you to use the DHS-3200 form, which includes the information required under the law. The reporting person shall make a copy of the written report for the organization's administration. One report from an agency will be considered adequate to meet the law's reporting requirement. **Mandated reporters cannot be dismissed or otherwise penalized for making a report required by the Child Protection Law or for cooperating in an investigation.**
- Even though the written process may seem redundant it is important to complete the form with all pertinent information. The DHS-3200 form is used to document a mandated reporter's oral report of the child abuse/neglect complaints in Michigan. The form is set in a template that can be copied for use. Mandated reporters would fill in items 1-20. *See appendix for a copy of the FIA-3200 form or access the form on the Internet at www.michigan.gov/dhs.*

Mandated Reporters Reporting Process

Oral Report
Telephone complaint to CPS
immediately

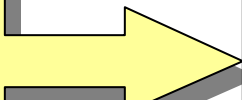


CPS contact numbers can be accessed at the following web site:

www.michigan.gov/dhs/0,1607,7-124-5461---,00.html

You may also locate the telephone number to your local CPS Office in the government pages of your phone book under FIA

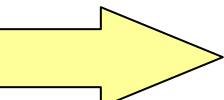
Written Report
Submit completed FIA-3200
form within 72 hours
(includes weekends and
holidays)



Web access to the FIA-3200 can be found at:

www.michigan.gov/documents/FIA3200_11924_7.pdf

Notify your organization's
administrator of the filed
Report.



The reporter may notify the organization administrator of the report. However, reporting the suspicion of child abuse or neglect to a supervisor or administrator does not satisfy the reporting requirements imposed by law.

Definitions of Child Abuse/Neglect

Physical abuse

Physical abuse is a non-accidental injury to a child by the person responsible for the child's health and welfare. Physical abuse may include, but is not limited to, burning, beating, kicking, and punching. It is usually the easiest abuse to identify because of the physical evidence of bruises, burns, broken bones or other unexplained injuries. Internal injuries may not be readily apparent.

Neglect

Neglect is the most frequently reported and confirmed form of child abuse. Child neglect means harm or threatened harm to a child's health or welfare by a caretaker through failure to provide adequate shelter, food, clothing, or medical care. Additionally, a caretaker placing a child at risk or failing to protect a child from known risk or potential risk of harm is considered to be neglect. The caretaker must eliminate, or intervene to eliminate, the risk to a child when that person is able to do so.

Sexual Abuse

Sexual abuse means engaging in sexual contact with a child as described in the Penal Code. Additionally, sexual exploitation includes allowing, permitting, or encouraging a child to engage in prostitution or in the photography, filming or depicting of a child engaged in a sex act described in the penal code. See MCL.00750.00136B THE MICHIGAN PENAL CODE (Act 328 of 1931) www.michiganlegislature.org.

Maltreatment

Maltreatment is defined as the treatment of a child that involves cruelty or suffering that a reasonable person would recognize as excessive.

Possible examples of maltreatment are:

- A parent, who knowing that their child has a phobia or deep fear of dark closed places, utilizes locking the child in a closet as a means of punishment.
- A parent who forces their child to eat dog food out of a dog bowl during dinner as a method of punishment and/or humiliation.
- A parent who is found to be teaching their child how to be an accessory in their criminal activities, e.g., shop-lifting.
- A parent who responds to their child's bed-wetting by subjecting them to public humiliation, such as hanging a sign on the child at school, which lets others know that the child has wet his or her bed.

If you suspect abuse and/or neglect to a child by someone other than a parent or guardian/caretaker, contact law enforcement and follow established protocols of your organization or contact CPS and CPS will forward complaints to law enforcement as required by law.

Indicators of Child Abuse/Neglect

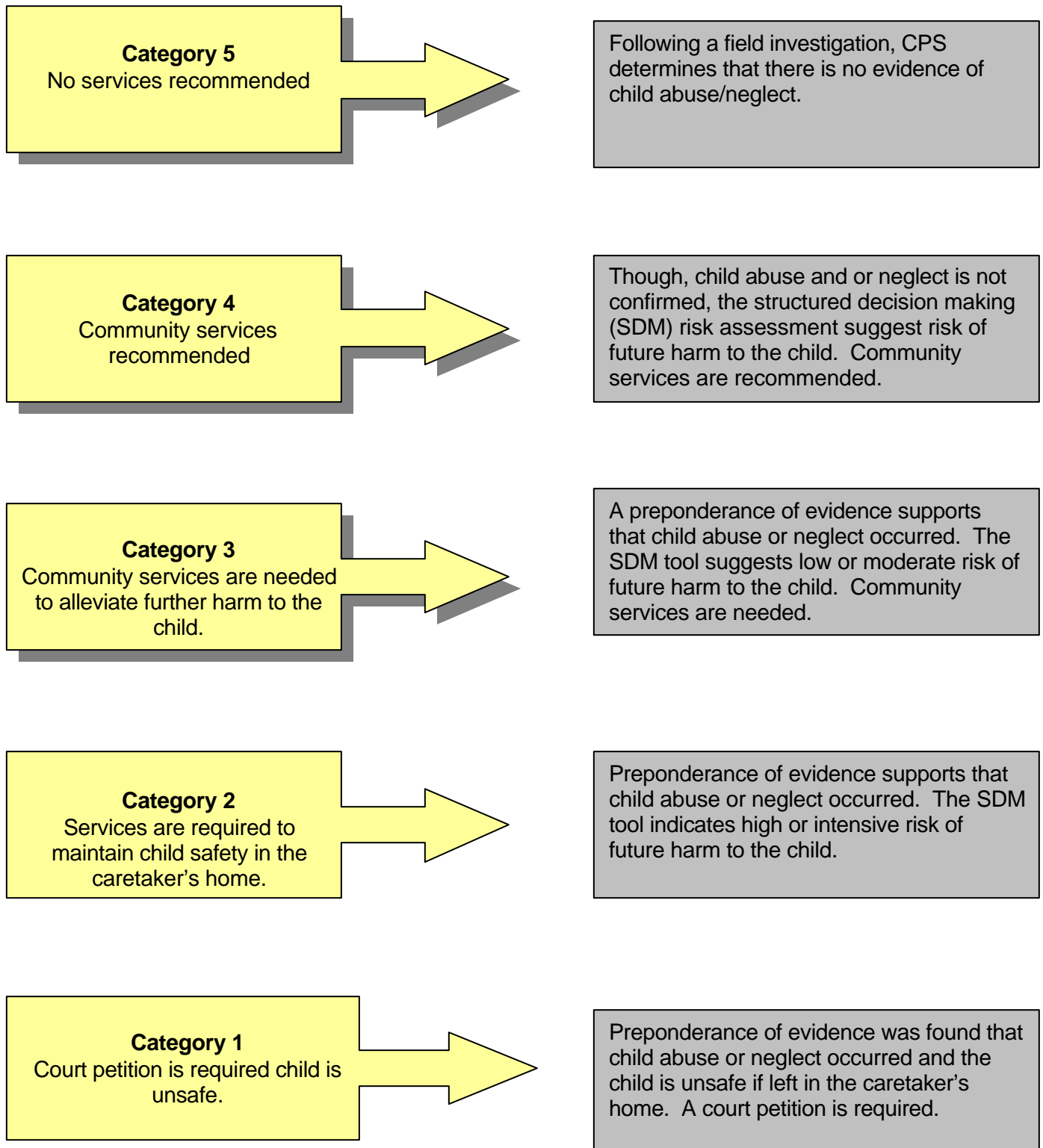
Determining when to report situations of suspected child abuse/neglect is difficult for mandated reporters. When in doubt, contact your DHS/CPS office for consultation. Below are some of the commonly accepted physical and behavioral warning signs associated with various forms of child abuse and/or neglect. Physical and behavioral indicators, in themselves, are not the only indicators of child abuse/neglect. A child's statement of alleged child abuse/neglect may also be useful in establishing "reasonable cause" to suspect child abuse/neglect.

	Physical Indicators	Behavioral Indicators
Physical Abuse	<ul style="list-style-type: none"> • Bruises more numerous in number than expected from explanation of incident. • Unexplained bruises (in various stages of healing), welts, loop marks. • Adult/human bite marks. • Bald spots or missing clumps of hair. • Unexplained burns/scalds. • Unexplained fractures, skin laceration/punctures or abrasions. • Swollen lips/chipped teeth. • Linear/parallel marks on cheeks and temple area. • Crescent Shaped bruising caused by pinching. • Puncture wounds that resemble distinctive objects. • Bruising behind the ears. 	<ul style="list-style-type: none"> • Self-destructive/self mutilation. • Withdrawn and/or aggressive-behavior extremes. • Uncomfortable/skittish with physical contact. • Arrives at school late. • Expresses fear of being at home. • Chronic runaway (adolescents). • Complains of soreness or moves uncomfortably. • Wears clothing inappropriate to weather, to cover body. • Lack of impulse control (e.g. inappropriate outbursts).
Physical Neglect	<ul style="list-style-type: none"> • Unattended medical needs. • Lack of supervision. • Consistent signs of hunger, inappropriate dress, poor hygiene. • Distended stomach, emaciated. • Massive weight change. 	<ul style="list-style-type: none"> • Regularly displays fatigue or listlessness, falls asleep in class. • Steals, hoards or begs for food. • Reports that no caretaker is at home.
Sexual Abuse	<ul style="list-style-type: none"> • Pain or itching in genital area. • Bruises or bleeding in genital area. • Venereal disease. • Frequent urinary or yeast infections. • Massive weight change. • Pregnancy 12 years or under. 	<ul style="list-style-type: none"> • Withdrawal, chronic depression. • Sexual behaviors or references that are unusual for the child's age. • Seductive or promiscuous behavior. • Poor self-esteem, self-devaluation, lack of confidence. • Suicide attempts. • Hysteria, lack of emotional control. • Habit disorders (sucking, rocking).

Confidentiality

Strict confidentiality laws at both the state and federal level govern children's Protective Services investigations. This includes protection of the identity of the reporting person unless the reporting person provides permission to release their identity or, the release of their identity is ordered through judicial process. Release of any information contained in a child abuse/neglect investigation is done in accordance with the Child Protection Law in the manner prescribed by the law. Mandated reporters should know that the reporting source is kept confidential by all staff and cannot be disclosed without a court order. The alleged perpetrator may infer from the information in the report who made the referral, and confront mandated reporters; however, CPS will not disclose the reporting source.

Outcome for CPS Investigations



Miscellaneous Issues

It is important to keep in mind that certain issues do not necessarily rise to the level of a mandated report of abuse/neglect.

Head Lice Issues

An allegation of neglect based solely on a child having head lice is not appropriate for a CPS investigation. This condition could arise in any number of ways and is not, in and of itself, an indicator of neglect.

Therapy Issues

There are times when a child's behavior in the classroom is a concern and may need further evaluation by a medical professional. If mandated reporters determine psychological help may be needed for a child, they should provide that information to the parent. It is up to the parent and/or guardian to follow through with that information and make the appropriate decision about their child.

Medical Issues

- Immunizations-CPS is not responsible for investigating complaints (usually received from health care providers), that allege parents are failing or refusing to obtain immunizations for their children. There are no available statistics on the odds of children contracting diseases for which they have not been inoculated, and the Public Health Code provides a waiver to the immunization requirements.
- Medication-CPS is not responsible for investigating complaints that allege parents are failing or refusing to provide their children with psychotropic medication such as Ritalin.

Truancy Issues

Routine complaints on school truants and runaways are not appropriate for CPS. Truancy and running away may be symptoms, which may indicate questionable parental care. They are not in themselves synonymous with child abuse or neglect.

Multiple Allegations of Chronic Abuse and or Neglect Suspected

If a mandated reporter reports a suspicion of child abuse/neglect and a new allegation occurs prior to sending the DHS 3200, the mandated report must make another oral and written report of suspected abuse and/or neglect to DHS. It is important to treat each suspected incident of abuse and/or neglect independently as it occurs. Each allegation of suspected child abuse and/or neglect could uncover patterns the CPS investigator would analyze during the intake and investigation process.

Michigan's Safe Delivery Act

Under Michigan's Safe Delivery of Newborns law, a parent can anonymously surrender an infant, from birth to 72 hours of age, to an Emergency Service Provider (ESP). An ESP is an uniformed or otherwise identified, employee of a fire department, hospital or police station that is inside the building and on duty. Since the law went into effect in January 2000, twenty newborns have been surrendered in Michigan.

According to the law, the parent has the choice to leave the infant without giving any identifying information to the ESP. While a parent may remain anonymous, he or she is encouraged to provide family and medical background that could be useful to the baby in the future.

Once a newborn is in the custody of an ESP, the baby is taken to a hospital for an examination. If there are no signs of abuse and/or neglect, temporary protective custody is given to a private adoption agency for placement with an approved adoptive family. If the examination reveals signs of abuse and/or neglect, hospital personnel will initiate a referral to Children's Protective Services for an investigation.

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Family Independence Agency

Was referral phoned to FIA? <input type="checkbox"/> Yes <input type="checkbox"/> No ▶ If yes, Log # _____ ▶ If no, contact the local FIA Office immediately				
INSTRUCTIONS: REFERRING PERSON: Complete items 1-20. Send PART 1 to local County FIA where the child is found. Retain PART 2 for your records. See additional instructions on back.				1. Date _____
2. List of Child(ren) Suspected of being Abused or Neglected (List additional children on back of Part 1)				
NAME	BIRTH DATE	SOCIAL SECURITY #	SEX	RACE
3. Mother's Name				
4. Father's Name				
5. Child(ren)'s Address (No. & Street)		6. City	7. County	8. Phone No.
9. Name of Alleged Perpetrator of Abuse or Neglect		10. Relationship to Child(ren)		
11. Person(s) the Child(ren) Living with when Abuse/Neglect Occurred		12. Address, City & Zip Code where abuse/neglect occurred		
13. Describe injury or Conditions and Reason for Suspicion of Abuse or Neglect (Attach additional sheets if necessary) _____ _____				
14. Source of Referral (Check appropriate box)				
<input type="checkbox"/> PHYSICIAN <input type="checkbox"/> AUDIOLOGIST <input type="checkbox"/> MEDICAL EXAMINER (Coroner) <input type="checkbox"/> *SOCIAL WORKER <input type="checkbox"/> DENTIST/DENTAL HYGIENIST <input type="checkbox"/> SCHOOL ADMINISTRATOR <input type="checkbox"/> NURSE <input type="checkbox"/> SCHOOL COUNSELOR <input type="checkbox"/> EMERGENCY MEDICAL SERVICES PERSONNEL <input type="checkbox"/> HOSPITAL <input type="checkbox"/> FAMILY INDEPENDENCE MANAGER <input type="checkbox"/> FAMILY INDEPENDENCE SPECIALIST <input type="checkbox"/> SOCIAL WORK SPECIALIST MANAGER <input type="checkbox"/> WELFARE SERVICES SPECIALIST		<input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> CLERGY <input type="checkbox"/> PROFESSIONAL COUNSELOR <input type="checkbox"/> MARRIAGE/FAMILY THERAPIST <input type="checkbox"/> TEACHER <input type="checkbox"/> FIA FACILITY <input type="checkbox"/> LAW ENFORCEMENT OFFICER <input type="checkbox"/> DCH FACILITY <input type="checkbox"/> CHILD CARE PROVIDER <input type="checkbox"/> ELIGIBILITY SPECIALIST <input type="checkbox"/> SOCIAL WORK SPECIALIST <input type="checkbox"/> SOCIAL SERVICES SPECIALIST <input type="checkbox"/> Other (Specify below)		
15. Referring Person's Name		16. Name of Referring Organization (school, hospital, etc.)		
17. Address (No. & Street)		18. City	19. State	20. Zip Code
		21. Phone No.		

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

22. Summary Report and Conclusions of Physical Examination (Attach Medical Documentation) _____ _____			
23. Laboratory Report		24. X-Ray	
25. Other (specify)		26. History or Physical Signs of Previous Abuse/Neglect <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. Prior Hospitalization or Medical Examination for this Child			
DATES		PLACES	
28. Physician's Signature		29. Date	30. Hospital (if applicable)
The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.		AUTHORITY: P.A. 238 of 1975. COMPLETION: Mandatory. PENALTY: None.	

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report required in the above Sec. 3. (1) Act. No 238, P.A. of 1975, as amended and mailed to the local county Family Independence Agency. Indicate if this report was phoned into FIA as a report of suspected CA/N? If so, indicate the Log # (if known). Referring person is to fill out as completely as possible items 1-21. Only medical personnel may complete items 22-30.

1. Date - Enter the date the form is being completed.
 2. List child(ren) suspected of being abused or neglected - Enter available information for the child(ren) believed to be abused or neglected.
 3. Mother's name - Enter mother's name (or mother substitute) and other available information.
 4. Father's name - Enter father's name (or father substitute) and other available information.
 5. Child(ren's) address - Enter the address of the child(ren).
 6. City - Self explanatory
 7. County - Self explanatory
 8. Phone - Enter phone number of the household where child(ren) resides.
 9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
 10. Relationship to child(ren) - Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuses, i.e. parent, grandparent, babysitter.
 11. Person(s) child(ren) living with when abuse/neglect occurred - Enter name(s).
 12. Address where abuse / neglect occurred - Self explanatory.
 13. Describe injury or conditions and reason of suspicion of abuse or neglect - Indicate the basis for making a report and the information available about the abuse or neglect.
 14. Source of referral - Check appropriate box noting professional group or appropriate category
Note: If abuse or neglect is suspected in a hospital, check hospital.
- FIA Facility** - Refers to any group home, shelter home, halfway house or institution operated by the Family Independence Agency.
- DCH Facility** - Refers to any institution or facility operated by the Department of Community Health.
15. Referring person's name - Enter your name if you are referring or reporting this matter.
 16. Name of referring organization - Enter the name of the agency or organization, if appropriate.
 17. Address - Self explanatory
 18. City - Self explanatory
 19. State - Self explanatory
 20. Zip Code – Self explanatory
 21. Phone Number - Self explanatory